



The Iowa Plan for Behavioral Health:

A Managed Care Plan for Mental Health and Substance Abuse Services

About the Plan

- ❑ the Iowa Plan is a single managed care plan for mental health and substance abuse services
- ❑ covers most of Iowa's Medicaid recipients except those over 65, those living in certain residential settings, and medically needy with a cash spenddown
- ❑ covers DPH-funded substance abuse services
- ❑ covers all traditional mental health and substance abuse services and requires the development and utilization of a broad range of community-based services and supports
- ❑ oversight by the Department of Human Services for Medicaid funds
- ❑ oversight by the Department of Public Health for the DPH-funded substance abuse services
- ❑ the contractor, Magellan Behavioral Care of Iowa, is fully capitated and at full risk for the development and delivery of Medicaid mental health and substance abuse services for the enrollees
- ❑ the contract is not at risk for the DPH-funded substance abuse services

Iowa Plan Enrollment SFY 2005

Average Monthly Medicaid Enrollment	270,000 Enrollees
Minimum Number of DPH Clients for Year	19,154 Participants

Some Medicaid Statistics

Age of Medicaid Enrollees

	<u>Iowa Plan I</u>	<u>Iowa Plan II</u>
Children (through age 18)	60%	62%
Adults (age 19 and over)	40%	38%

Medicaid penetration rates

	<u>Under FFS</u>	<u>Iowa Plan I</u>	<u>Iowa Plan II</u>
Monthly Average	5.5%	8.0%	8.4%

Service related Medicaid expenditures

	<u>Under FFS</u>	<u>Iowa Plan I</u>	<u>Iowa Plan II</u>
Inpatient	51%	26%	26%
Outpatient	23%	32%	37%
Other	26%	21%	18%
Services not previously Medicaid reimbursable	----	21%	19%

Medicaid authorization data

- ❑ 94% of all service requests were authorized at the level requested
- ❑ 97% of all requests for inpatient care received authorization for admission to a 24-hour level of care

Average Length of Stay for Mental Health

	<u>Under FFS</u>	<u>Iowa Plan I</u>	<u>Iowa Plan II</u>
Inpatient	12 days	5 days	5 days
Subacute	---	8 days	8 days
Residential	---	18 days	14 days

Iowa Plan - Medicaid Goals

1. To increase the number of people who receive mental health and substance abuse services
2. To expand the array of services available to Medicaid recipients
3. Cost Containment

Goal 1: Increase the number of people who receive mental health and substance abuse services through Medicaid

- Access to mental health care has **increased by 101%** over the prior fee-for-service system.¹
- Access to substance abuse treatment has **increased by 187%** over the prior fee-for-service system.²

Goal 2: Expand the array of services available to Medicaid recipients and better coordinate services

- Expanded the number of specialized substance abuse treatment programs serving pregnant women and women with children from three programs to ten.
- Expanded Medicaid coverage beyond hospital based substance abuse treatment to include community-based residential, half-way house and outpatient treatment services. (Note: Iowa Plan Medicaid pays over \$4 million annually* for community-based substance abuse treatment services which under the prior Medicaid fee-for-service system would have been paid through DPH state and block grant funds.)
- Expanded Medicaid coverage to pay for adults voluntarily placed at an MHI. (Note: These services were paid through state appropriations prior to the managed care plans).
- Focus services on “recovery” type models of treatment
- Initiated development of:
 - Assertive Community Treatment
 - Intensive Psychiatric Rehabilitation
 - Services for Dual Diagnosis
 - Follow-up after emergency room visits and within 7 days of discharge from an inpatient setting
 - Integrated Services/Supports – “wrap-around” and individualized services
- Expanded Community Support Services, mobile counseling, home-based psychiatric nurse services
- Coordinate services through:
 - Multi-disciplinary utilization management staff organized in Care Teams to assure continuity and coordination of services.
 - In SFY 2004, the Iowa Plan facilitated 505 joint treatment planning conferences with 100% consumer or family involvement
 - Implemented use of a high-risk tool and oversight of those who are considered high risk through focused care management.
 - Discharge planning and follow-up (part of the provider on-site reviews of cases)

Goal 3: Cost Containment for Medicaid Services

- Independent actuarial studies document cost savings to Medicaid at \$2.0 million annually³
- Approximate savings to the state of \$900,000 for adults voluntarily placed at the Mental Health Institutions
- The Iowa Plan is responsible for the full cost of Targeted Case Management, Day Treatment and Partial Hospitalization and also pays for Community Support Services. Under the prior fee-for-service system, counties paid 1/2 of the non-federal share for Targeted Case Management, Day Treatment and Partial Hospitalization and the full cost of Community Support Services. The resulting savings to counties averages over \$3 million annually.⁴

Medicaid Satisfaction Surveys

Client Satisfaction Survey (Average of the past 6 surveys) –

- Children/Adolescents – 87.2% satisfied overall with Iowa Plan
 - Lowest scored item was the availability of evening and weekend appointments
- Adults – 87.8% satisfied overall with Iowa Plan
 - Lowest scored items were the helpfulness of the Iowa Plan handbook and availability of evening and weekend appointments

Provider Satisfaction Survey (Average of the past 4 surveys)

- 84.3% of the providers were satisfied overall with the Iowa Plan
 - Lowest score item was the reimbursement rate

Community Reinvestment

Iowa Plan Community Reinvestment funding is intended to support the development or enhancement of innovative services in the state that contribute to mental health and substance abuse recovery. Each month, 2.5% of the capitation payment is put into the Community Reinvestment fund.

Iowa Plan II Priorities

- Integrate services for those with a dual diagnosis
- Reduce readmission rates
- Expand recovery and rehabilitation services
- Improve services for children served in multiple systems
- Coordinate with other state and local agency efforts
- Expand measurements of outcomes
- Replicate best practices

Projects Funded:

- Best Practices/recovery-oriented services
 - Assertive Community Treatment
 - Intensive Psychiatric Rehabilitation
 - Telehealth and consultation through Child Health Specialty Clinics
 - Integrated Services for Co-Occurring Disorders
 - ASAM PPC-2R training Dr. David Mee-Lee
 - Dr. Greene training on working with explosive children
 - Nancee Blum trainings on STEPPSTM/Dialectical Behavioral Therapy
 - Motivational Interviewing training for substance abuse providers
 - Illness Management and Recovery
 - Family Psychoeducation
 - Access and Continuation Project
 - Reward for Quality
 - Self-Directed Care
- Consumer/family education
 - Consumer-to-Consumer Satisfaction Interviews Project with Office of Consumer Affairs/Consumer Resource Outreach Project
 - National Alliance for the Mentally Ill - Family-to-Family
 - National Alliance for the Mentally Ill - Visions for Tomorrow
 - National Alliance for the Mentally Ill - Peer-to-Peer
 - Wellness Recovery Action Plan booklets distributed at Consumer Conference
- Prevention Projects
 - Polk County juvenile offenders substance abuse assessments
 - Consumer Recovery Centers/Clubhouse – Hope Haven and Poweshiek County CMHC

- Dual Diagnosis cross-training and case coordination – Broadlawns Medical Center and Mid-Eastern Council on Chemical Dependency
- Mental health/substance abuse screening and cross-referral
- Sibling ADHD/Parental Depression screening
- Postpartum Depression education

Joint Treatment Planning / Intensive Care Management:

Joint Treatment Planning is a method used as part of Intensive Care Management to develop an individual treatment plan for children and adults with complex treatment needs. Through Joint Treatment Planning, Magellan works directly with clients and their families, DHS staff, Juvenile Court Services, County staff, providers, and others actively involved with the client's treatment plan. This ensures continuity in planning and outcomes with the client.

For the 2005 contract year, the Iowa Plan facilitated 504 Joint Treatment Planning conferences. Over 70% of Joint Treatment Planning is on behalf of children.

Iowa Plan Successes

The Iowa Plan has achieved much that the Iowa Department of Human Services, Iowa Department of Public Health, and Magellan take pride in. Perhaps the most important accomplishments to date are improved access to services and the expansion in the array of services available.

In a report to DHS completed by William M. Mercer, August 2000, they stated:

Mercer's overall conclusion is that the Iowa Plan clearly meets HCFA guidelines and requirements in terms of access, quality, and cost effectiveness. Further, based on our extensive knowledge and experience with similar programs in other states, we consider the Iowa Plan to be exemplary in most major areas of concern, and can be considered a national leader and model program.

In the September, 2002 William M. Mercer report, they stated:

Mercer's overall conclusion is that the Iowa Plan clearly meets CMS guidelines and requirements in terms of access, quality, and cost effectiveness and continues to be an exemplary program.

¹ William M. Mercer Independent Assessment of the Iowa Plan for Behavioral Health, August 2002

² William M. Mercer Independent Assessment of the Iowa Plan for Behavioral Health, August 2002

³ Milliman U.S.A. and William M. Mercer

⁴ Based on cost calculations for 1999 and 2000